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Friday, May 09, 2008

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TO:	Examiner Ryan Hsu	FROM:	Stephanie Scruggs
COMPANY: U.S. Patent and Trademark Office			
CC:	PHONE: (202) 403-2105 (202) 429-4380 (FAX)		
CLIENT/MATTER:	20002.0327 NO. OF PAGES (INC. COVER): 15		
FAX NO.:	(571) 273-8300		
RE:			

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

COMMENTS:

STATEMENT OF CONFIDENTIALITY

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PTO/SB/21 (01-08)

Approved for use through 03/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

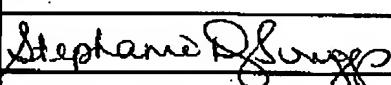
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	14	Attorney Docket Number	20002.0327
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ENCLOSURES (Check all that apply)

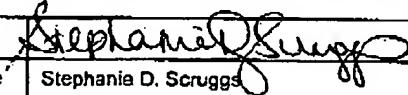
<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <small>Request for Continued Examination (RCE) Transmittal (duplicate)</small>
<small>Remarks</small>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hanify & King, P.C.		
Signature			
Printed Name	Stephanie D. Scruggs		
Date	May 9, 2008	Reg. No.	54,432

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 on the date shown below.

Signature	
Typed or printed name	Stephanie D. Scruggs
Date	May 9, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAY 09 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2008** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 1740)

Complete If Known	
Application Number	10/887,479
Filing Date	September 23, 2003
First Named Inventor	L. BISSONNETTE
Examiner Name	R. Hsu
Art Unit	3714
Attorney Docket No.	20002.0327

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 50-4545 Deposit Account Name: Hanify & King, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
				<u>Fee (\$)</u>
-20 or HP=	x	=		50 25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
				<u>Fee (\$)</u>
- 3 or HP=	x	=		210 105

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

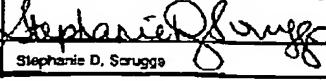
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Request for Continued Examination (RCE) (\$810)

\$1740

Petition for 3-month Extension of Time (minus 1-month Extension of Time filed on 2/27/08) (\$930)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,432	Telephone	(202) 403-2105
Name (Print/Type)	Stephanie D. Scruggs			Date	May 9, 2008